

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032739

1. Entity Name
THE CARLEIGH RAE CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91163 049 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
924 NW 1ST STREET 940 NW 1ST STREET
FT. LAUDERDALE FL 33311 G/O ROBERT CARMICHAEL
FT LAUDERDALE FL 33311

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
33311

4. FEI Number 65-0684498 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARMICHAEL, ROBERT MANUEL
940 NW 1ST ST.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing - Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTSD CARMICHAEL, ROBERT MANUEL 940 NW 1ST ST FT. LAUDERDALE FL 33311
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M CARMICHAEL 4/30/01 954-462-5570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)